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				Application Number		
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STATEMENT BY APPLICANT				First Named Inventor	Todd M. Edmunds	
(use as many sheets as necessary)				Group Art Unit		
			necessary)	Examiner Name		
Sheet	1	of	1	Attorney Docket Number	3252	

			U.S. PATENT DOCI	JMENTS	
tials' No.1 Number		Kind Code ² (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Pessages or Relevant Figures Appear
	4.457.402		Del Vecchio et al		
			Smith		
			Matre	05-27-1997	
	5,937,971		Storm		
	6,050,366		Lyons	04-18-2000	
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FOREIGN PATENT DOCUMENTS									
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^{**} Unique calation designation number. 2 See statistical Knots of U.S. Pateral Cocuments. 2 Since Office that issued the document, by the ho-better code (KVPD Standard ST.3.) ** For Japanese paters documents, be indication of the year of the reing or the Standard number of the paters of the reing or the Standard ST.3. ** For Japanese paters documents, be indication of the year of the reing or the Standard ST.3. ** For Japanese paters document, be indicated on the document under WIPO Standard ST. 16 if possible. ** Application is to place a check make there is English engages Translation is attached.